

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 09/242977
APPLICANT(S) _____

FILING DATE _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						1
19						1
20						1
21					1	
22						1
23						1
24						1
25						1
26						1
27						1
28						1
29						1
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.					1	
TOTAL DEP.					11	
TOTAL CLAIMS					12	

	•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						